

xafinitySSAS

Member Application



If you require this document in another format for ease of reading, please let us know.

Important

- Information you give in this Application Form is needed for income tax purposes. Providing false information is a serious offence and could lead to prosecution and severe penalties.
- Applicants to become a Member Trustee should complete pages 3 to 10. The Sponsoring Employer should complete page 11 if the member has not already been appointed as a Member Trustee by some other means.

About advice

A SSAS is a complex pension product that requires you to actively manage your investments. We strongly recommend you seek advice from a financial adviser before applying.

We can't give you any advice about whether a SSAS is suitable for you or what you should invest in.

If you're not sure about where to obtain advice, we suggest you contact Unbiased Ltd, which is an industry body responsible for promoting independent financial advice in the UK. They will be able to give you details of a financial adviser in your area and whether they have specialist pensions qualifications. Their contact details are 0800 085 3250 (see www.unbiased.co.uk).

We also recommend that you check to see the adviser you select is properly authorised by the Financial Conduct Authority (FCA) and this information can be checked on their website www.fca.org.uk/register.

How we use your information

Your Privacy Notice provides the detail behind how we use your information. This Privacy Notice is included within the new SSAS member pack, and a copy can be found on our website, www.xafinityssas.com. We may make changes from time to time so you should check the latest version of this Privacy Notice occasionally.

We take your privacy very seriously and we ask that you read this Privacy Notice carefully as it contains important information on:

- The personal information we collect about you in relation to the services provided to you throughout the lifetime of your Xafinity SSAS;
- What we do with your information;
- Whom we may share you information with; and
- What rights you have regarding our holding of your information.

SSAS details

SSAS name	"the SSAS"
Name of Sponsoring Employer	
Date of joining SSAS	

Note: You'll need to complete a separate form for each employer if you're applying in respect of more than one employment.

About you

Your personal details

Title (✓) Mr Mrs Miss Ms Other

Full Forenames

Surname

Previous names

Sex Date of birth

National Insurance no Marital status

Self-Assessment Unique Tax Reference

Planned retirement age *If you don't complete this we'll assume a retirement age of 75 (or 10 years from the start of your plan if later)*

Nationality

Are you UK resident? (✓) Yes No

Are you subject to a Bankruptcy order? (✓) Yes No

Please note we will need to carry out identity verification checks, and hence may ask for certified copies of certain identity documents where applicable.

Your contact details

House number/name	
Street	
Town	
City	
Postcode	
Home phone number	
Other phone number	
E-mail*	

**This is important to allow us to contact you quickly with any updates relevant to your SSAS.*

Contributions

Will your employer make contributions to your SSAS?

Yes

No

If YES, please provide details of level and frequency of contributions.

Do you wish to make personal contributions to your SSAS?

Yes

No

If YES, please provide details of level and frequency of contributions.

Have you triggered the Money Purchase Annual Allowance Rules?

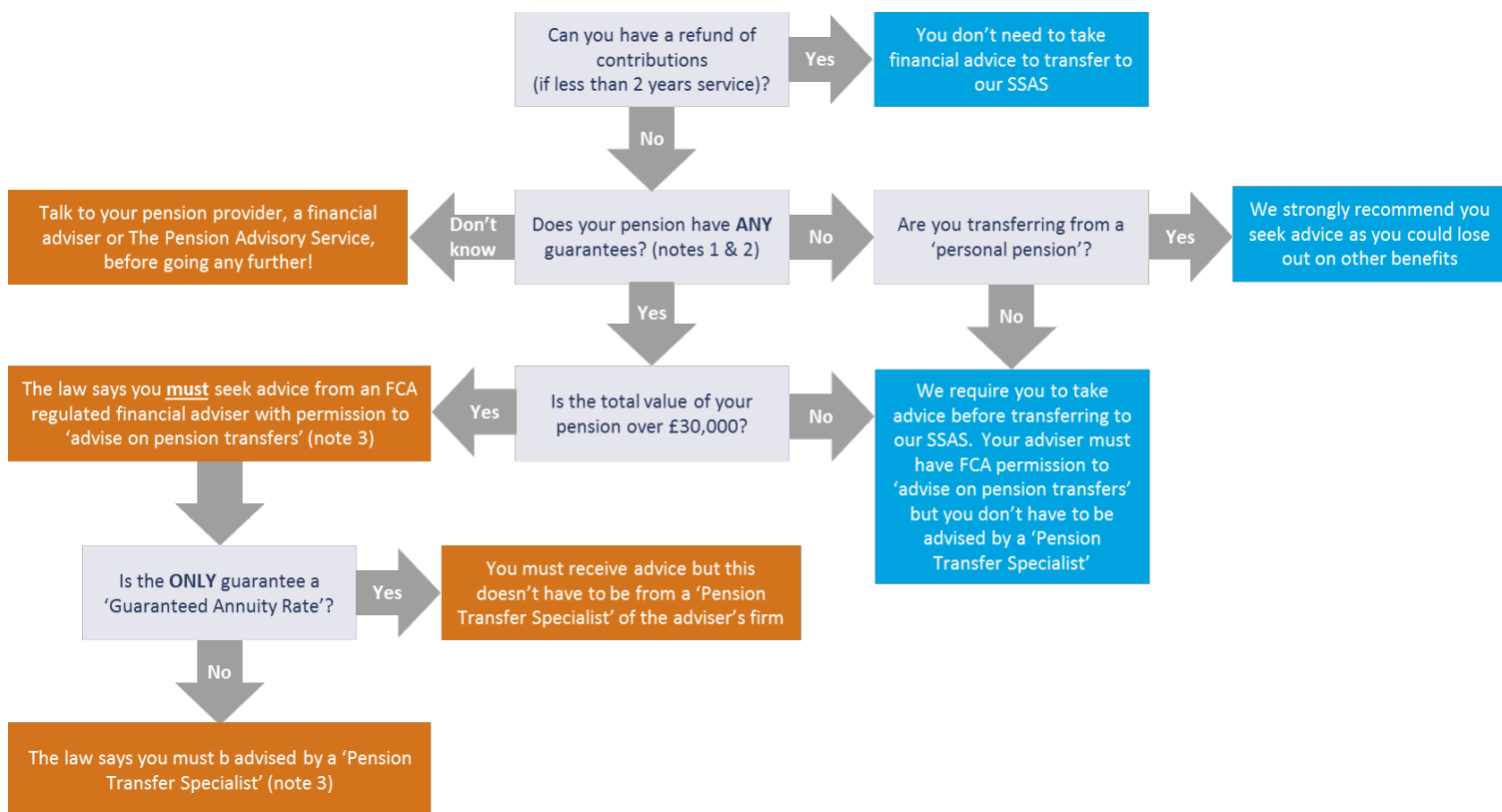
Yes

No

Please refer to the SSAS – Member Trustee Guide for details of when this is triggered.

Transferring into your SSAS

The law around pension transfers is complex. **We strongly recommend that you get advice before transferring funds into a SSAS.** The flowchart below explains whether it's **mandatory** for you to obtain advice from a suitably authorised financial adviser about the scheme you're transferring from.



Notes for all transfers:

1. This does not include a guaranteed lump sum death benefit or a guaranteed investment return whilst uncrystallised, but does include:

- **Guaranteed pensions (e.g. defined benefits / 'final salary', Guaranteed Minimum Pension)**
- **Guaranteed Annuity Rates ('GAR')**

Please check your policy documents carefully as your transfer could be delayed if these are identified later on.

2. If you have Automatic Tax Free Cash Protection this could be lost on transfer if it is not classed as a "block transfer". Please discuss this with your financial adviser prior to completing the transfer.
3. If you are transferring from a scheme which offers certain guarantees, your financial adviser will need to complete the section overleaf.
4. Xafinity can only accept transfers for UK citizens from a UK Registered Pension Scheme, a Recognised Overseas Pension Scheme (as defined by HM Revenue and Customs) or a pension arrangement that is based in a country within the European Economic Area. For Non-UK Citizens, Xafinity can only accept transfers from a UK Registered Pension Scheme.

Transfers from schemes offering guarantees

NOTE: This section is for transfers from schemes offering certain guarantees but excludes those with guaranteed annuity rates (see next section).

For completion by the Pension Transfer Specialist

Except for Guaranteed Annuity Rates, where a transfer is being paid from a scheme offering guarantees (also called 'safeguarded' benefits) the Pension Transfer Specialist should complete and sign the section below in all cases.

Pension Transfer Specialist Name

FCA Individual Reg No

1. Did you recommend the safeguarded transfer(s) detailed in this form? Yes No

2. If **no** to 1. above, have you advised against the transfer in writing (including having carried out a full analysis as required by the FCA Rules) and have you recorded this as an insistent customer? Yes No

Pension Transfer Specialist signature

Date

Declaration for completion by the SSAS member

NOTE: We will not accept transfers from schemes offering guarantees unless you have received appropriate independent financial advice. You must therefore complete the declaration below.

I confirm that I was advised by the above adviser on transfer(s) from the following pension(s) (please list):

I confirm that I have accepted that advice. Yes No

If **no**, I confirm that I am acting against specialist advice to transfer and that I am responsible for any losses that may result from my decision. I confirm that I do not hold Xafinity liable in any way for my decision. Yes N/A

Member's signature

Date

Transfers from other schemes

This section is for:

- transfers from schemes only offering Guaranteed Annuity Rates; and
- any other schemes not offering guarantees.

For completion by the adviser

Adviser Name	<input type="text"/>
FCA Individual Reg No	<input type="text"/>

1. Did you recommend the transfer(s) detailed in this form? Yes No

2. If no to 1. above, have you advised against the transfer in writing and have you recorded this as an insistent customer? Yes No

Adviser signature	<input type="text"/>
Date	<input type="text"/>

Declaration for completion by the SSAS member

NOTE: We will not accept transfers from occupational pension schemes or any scheme which offers Guaranteed Annuity Rates unless you have received appropriate independent financial advice. You must therefore complete the declaration below if the transfer is from one of these schemes.

If the transfer is from a personal pension only and you do not wish to take advice, please tick here.

In all other cases, please complete the declaration below.

I confirm that I was advised by the above adviser on transfer(s) from the following pension(s) (please list):

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

I confirm that I have accepted that advice. Yes No

If no, I confirm that I am acting against advice to transfer and that I am responsible for any losses that may result from my decision. **I confirm that I do not hold Xafinity liable in any way for my decision.** Yes N/A

Member's signature	<input type="text"/>
Date	<input type="text"/>

Pension transfers from uncrystallised* schemes

Please copy this form to add more transfers

	Scheme 1	Scheme 2
Provider name		
Address		
Type of scheme (please tick)	Defined benefit/final salary	Defined benefit/final salary
Occupational pensions are:	Defined contribution	Defined contribution
<ul style="list-style-type: none"> • Defined benefit/final salary • Defined contribution • Section 32 	Section 32	Section 32
	Personal pension / GPPP	Personal pension / GPPP
Personal pensions are:	Section 226	Section 226
<ul style="list-style-type: none"> • Section 226/Retirement annuity • PPP / GPP • Stakeholder • FSAVC 	Other (please detail below)	Other (please detail below)
Full Scheme Name (if known)		
Policy / reference number		
Amount of cash transfer	£	£
Amount of any in specie transfer	£	£
Does this transfer represent the full value of the plan?		
Details of in specie assets <i>(if multiple, please provide full breakdown)</i>		
Details of any guarantees (if none, please confirm) <i>This includes guaranteed:</i>		

- Pensions (e.g. defined benefits / 'final salary', GMP)
- Annuity Rates ('GAR')

Is this transfer part of a block transfer?	Yes / No

***Uncrystallised means you've not taken any benefits If you have partially crystallised you must complete both forms (uncrystallised and crystallised).**

Please check your policy documents carefully for the above information as your transfer could be delayed if these are identified later on.

Pension transfers from crystallised* schemes

Please note: If any benefits (e.g. lump sum or drawdown) have been taken from the scheme these can only be used for drawdown in your Xafinity SSAS and all crystallised funds must be transferred. **Please copy this form to add more transfers.**

Provider name	
Address	
Type of scheme	
Full Scheme Name (if known)	
Policy / reference number	
Type of drawdown	Capped drawdown / Flexi-access drawdown
Amount of cash transfer	£
Amount of any in specie transfer	£
Does this represent the full value of the plan?	
Details of in specie assets <i>(if multiple, please provide full breakdown)</i>	

For capped drawdown only please also complete the following:

GAD maximum allowable pension (p.a.)	£
Date of last GAD review	DD/MM/YYYY
Amount of pension taken in current pension year	£
Next drawdown review (reference) date	DD/MM/YYYY

Is this transfer from a dependant’s drawdown pension fund or dependant’s/nominee’s/successor’s flexi-access drawdown fund? Yes No

Would you like to take income from your Xafinity SIPP? Yes No

If you would like to take income from your Xafinity SSAS please complete a Drawdown Payment Request form, which can be found on our website (<http://www.xafinity.com/self-invested-pension/SSAS>) or from our SSAS Team (01786 237 050).

We also need a copy of your most recent P45/P46. Is it enclosed? Yes

*Crystallised means you’ve taken some benefits

Applicant's declaration and undertaking

DECLARATION

- I apply to become a Member Trustee of the SSAS on the date of joining as set out in this form.
- I agree to be bound by the Documents and Rules of the SSAS.
- I declare to the best of my knowledge and belief that the information given in this application form, whether in handwriting or not, is correct and complete.
- I authorise Her Majesty's Revenue & Customs (HMRC) to disclose to Xafinity SIPP Services Limited any information relating to any other scheme which HMRC regards as being relevant to maintaining the SSAS's registered status.
- I declare that I will not make contributions to the SSAS and / or take benefits from the SSAS as part of a tax free cash re-cycling exercise.
- I am eligible to join and contribute to the SSAS. Xafinity can accept applications for both UK and Foreign Citizens but please refer to the notes on transfers on page 6.
- I understand that I need to be classed as a relevant UK individual in the tax year in which a member contribution is paid to the SSAS. I will be a relevant UK individual if I meet one of the following criteria:
 - I have relevant UK earnings chargeable to income tax for that tax year;
 - I was resident in the United Kingdom at some time during that tax year;
 - I was resident in the United Kingdom both at some time during the five tax years immediately before that tax year and when you became a member of the SSAS;
 - I or my spouse or civil partner has, for that tax year, general earnings from overseas Crown employment subject to UK tax.
- I authorise and instruct you to transfer funds from the plan(s) as listed in this application directly to Xafinity. Where you have asked me to give you any original policy document(s) in return for the transfer of funds and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan.
- I authorise you to release all necessary information to Xafinity to enable the transfer of funds to Xafinity.
- I authorise you to obtain from and release to any financial adviser named in this application any additional information that may be required to enable the transfer of funds.
- If an employer is paying contributions to any of the plans as listed in this application, I authorise you release to that employer any relevant information in connection with the transfer of funds from the relevant plan(s).
- Until this application is accepted and complete, Xafinity's responsibility is limited to the return of the total payment(s) to the transferring scheme(s).
- Where the payment(s) made to the Xafinity represent(s) all of the funds under the plan(s) listed in this application, then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from the plan(s) listed.

- Where the payment(s) made to Xafinity represent(s) part of the funds under the plan(s) listed in this application, then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from that part of the plan(s) represented by the payment(s).
- I promise to accept responsibility in respect of any claims, losses and expenses that Xafinity and the transferring provider(s) may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.

UNDERTAKING

- I agree that this undertaking is irrevocable.
- I undertake to immediately tell all of the Member Trustees individually together with the Independent Trustee (if applicable) if any of the following occur:
 - I become bankrupt, agree to an Individual Voluntary Arrangement (IVA) or become disqualified as a director of a company.
 - I have been convicted of any offence involving dishonesty or deception.
 - I stop being employed, either directly or as an officer, by all or any of the participating employers in the SSAS.
 - If any of the SSAS participating employers by which I am employed become no longer registered in the UK.
 - I want to resign as a Member Trustee of the SSAS.
 - I am removed as a Member Trustee of the SSAS or I am suspended from acting as a Member Trustee of the SSAS.
 - I am unwilling to agree with the Member Trustees of the SSAS over any decision to be taken by the Member Trustees.
 - My benefits under the SSAS are to be secured by an annuity contract or policy.
 - I stop having relevant UK earnings or my relevant UK earnings are reduced.
 - I should stop being a Member Trustee because of a legal requirement (e.g. I become bankrupt).
- I undertake and agree that if an annuity is to be secured for payment of pension to me, that annuity shall be secured so that it becomes an asset which is not part of the SSAS, that I stop being a Member Trustee of the SSAS and the annuity is secured so that I can enforce it rather than the Member Trustees of the scheme. I agree that the means by which this may be done shall be decided by the Member Trustees although they will take into account my wishes.
- I undertake to provide the Member Trustees of the SSAS with all information needed and any signed documentation needed, to give effect to any of the above. Instead of giving that information directly to the Member Trustees, I authorise also any of the Member Trustees to approach any third party and for that third party to give to any of the Member Trustees whatever information they may ask for in connection with anything to be done under this undertaking.
- This undertaking has effect from the date on which I become a Member Trustee of the SSAS.
- I undertake that I shall not pay contributions in excess of either £3,600 or my UK earnings.
- I accept that each member of the SSAS should be a Member Trustee. Unless I have been appointed as a Member Trustee by some other means, I become a Member Trustee on signing this form.

Applicant's signature

Applicant's name

Date of signing

DD/MM/YYYY

Expression of wish for death benefits

To the Member Trustees of the

(SSAS Name)

Your Name:

Please note I would like the following to receive death benefits payable from the above SSAS in the event of my death:

Full name			
Address			
Relationship to you			
% death benefits			
E-mail			

Charitable beneficiaries

(To be used if you have no other beneficiaries or dependants. Must be allocated to a charity.)

Charity name			
Charity address			
Charity registration no			
% of fund to be used	%	%	%

Further information on your wishes

Help us better understand who you'd like to benefit (or not) from your pension savings on your death.

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I understand that in exercising their discretion in the disposal of the benefit, the Member Trustees will not be bound by this expression of my wishes, but I request that they be borne in mind.

This form will be retained by the Trustees and not disclosed to any party until my death, when appropriate privacy information as required under the General Data Protection Regulation (GDPR) will be provided to the beneficiaries.

Member's signature

Date of signing

It may be useful to keep a copy of these pages with your Will.

Appointment as a Member Trustee

- This section to be completed by the Sponsoring Employer.

Full name and address of the Sponsoring Employer:

Name of company	
Building name / number	
Street	
Town	
City	
Postcode	

The Sponsoring Employer has the power under the Trust Deed and Rules of the SSAS to appoint a new Member Trustee to the SSAS.

In exercise of that power and all other powers so allowing, the Sponsoring Employer hereby appoints the new Member named in this form as a Member Trustee of the SSAS. The appointment shall take effect at the same time as the new Member commences membership of the SSAS.

The new Member agrees to become a Member Trustee as set out above.

The Sponsoring Employer shall arrange with the Member Trustees that, where necessary, the title to any assets of the SSAS is amended to show the new Member in his/her capacity as a Member Trustee.

Signature for and on behalf of the Sponsoring Employer

Director/authorised signatory	
Date of signing	

Director/authorised signatory	
Date of signing	

A copy of the completed application form will be supplied on request from the address on the last page of this form.

www.xafinity.com

SSAS&SIPP@xafinity.com

Phone: 01786 237050

Xafinity SSAS Department

Xafinity SIPP Services Ltd
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